

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87S)

SEARCH NO. 10153627

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
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21			1			
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27			1			
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29			1			
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38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.	←	43	←	←	←	←
TOTAL CLAIMS		45				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.	←			↓	←	←
TOTAL CLAIMS		45				